File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF COMPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 99 MR-7 PM 2: 21 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # M97000000085** 1a. Principal Place of Business Address HUFFMAN AND COMPANY LLC P.O. BOX 28 2425 EAST MAXWELL LANE BLOOMINGTON IN 47402 BLOOMINGTON IN 47401 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 02/25/1997 IN Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζıρ Country Country \$8.75 Additional Fee Required 10/27/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name ELOUISE REALTY, INC. 385 HIGHWAY 98 E. Street Address (P.O. Box Number is Not Acceptable) DESTIN FL 32541 Suite. Apt. #, etc. Zip Code City Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment registered agent, and accept the obligations. SIGNATURE DATE (Registers Agent Ameritag Appendiment). (NOTE: Register at Agent signar to required where to in the con-10. Title Managing Members/Managers Business Street Address City, State and Zip Code 2425 EAST MAXWELL LANE MGRM HUFFMAN, EVELYN J BLOOMINGTON IN MGRM HUFFMAN, RICHARD V P.O. BOX 28 BLOOMINGTON IN MGRM BOND, SUE 2626 N LAKEVIEW #3703 CHICAGO IL 10002833581---04/03/99--01085--006 ****188.75 ****188.75

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the repeiver or truspectify execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

INHSE10 R (12-98)